

This sheet is not part of and does not count as a sheet of the international application

PCT

FEE CALCULATION SHEET

For receiving Office use only

Applicant's or agent's file reference	P-2836-AL	Date stamp of the receiving Office	
Applicant APPLIED MEDICAL RESOURCES			
CALCULATION OF PRESCRIBED FEES			
1 TRANSMITTAL FEE	240	T	
2 SEARCH FEE	700	S	
International search to be carried out by _____ (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search)			
3 INTERNATIONAL FILING FEE			
Where items (b) and/or (c) of Box No IX apply, enter Sub-total number of sheets } Where items (b) and (c) of Box No IX do not apply, enter Total number of sheets }			
i1 first 30 sheets	476	i1	
i2 6	12.00	72	
number of sheets in excess of 30 x fee per sheet = i2			
i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):	400 x _____ = i3		
Add amounts entered at i1 i2 and i3 and enter total at I			
400 x _____ = 548 I (Applicants from certain States are entitled to a reduction of 75% of the international filing fee Where the applicant is (or all applicants are) so entitled the total to be entered at I is 25% of the international filing fee)			
4 FEE FOR PRIORITY DOCUMENT (if applicable)	20	P	
5 TOTAL FEES PAYABLE	568	TOTAL	
Mode of Payment			
<input checked="" type="checkbox"/> authorization to charge deposit account (see below)	<input type="checkbox"/> postal money order	<input type="checkbox"/> cash	<input type="checkbox"/> coupons
<input type="checkbox"/> cheque	<input type="checkbox"/> bank draft	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> other (specify): _____
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices)			Receiving Office: RO/ US _____
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above	Deposit Account No : 01-2215		
<input checked="" type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above	Date: 20 January 2004		
<input checked="" type="checkbox"/> Authorization to charge the fee for priority document	Name: Kenneth K. Vu		
Signature: <u>Kenneth K. Vu</u>			